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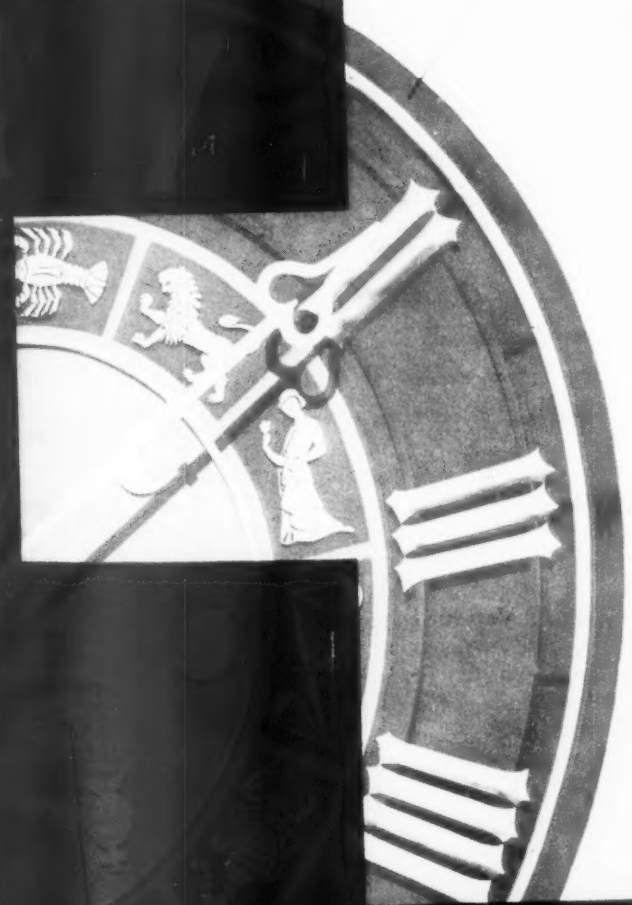

DENTISTRY

(SEE BACK COVER)

Kasper

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UNIV. OF MICHIGAN DENTAL SCHOOL
ANN ARBOR MICH.
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ALBANY, N.Y.
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[redacted]

Dear Doctor:

What color is the liquid?

In the red glass the liquid appears purple; in the white glass it is white or colorless; in the gray glass it appears muddy.

The point here is applied philosophy—"The matter transmitted depends on the receiver."

Our dental work is processed for many doctors. Some rave about our service; others compliment us on our fine workmanship; still others say that we have the finest choice of materials such as TICONIUM, and that helps make us a favored laboratory.

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Try us.

Very truly yours,

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A MAGAZINE FOR DENTISTS, DENTAL ASSISTANTS, AND DENTAL HYGIENISTS

ust 1954, Vol. XIII, No. 8

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Mass Production: A Threat To All

by Charles A. Levinson, D.M.D.

When Henry Ford at the turn of the century discovered a new method of producing automobiles in mass production, I never dreamed that this plan would be adopted by some dentists.

As an examining dentist for insurance and associated firms in a number of states for the last twenty-five years, I have seen "mass production" applied in many dental offices.

I have been in active dental practice for thirty-one years and I have been in dental offices for nearly forty-four years. I went to work for a dentist as an office boy at the age of eleven. So what I have to say here is the truth, backed up with plenty of dental experience.

There are approximately 79,500 dentists in active practice today, according to the 1954 A.D.A. Directory. I believe most of us among those 79,500 dentists entered the profession with the thought of serving humanity. But there are a few who are not so altruistic.

I remember in my freshman year at Harvard Dental School, one fellow student remarked to one of the instructors that he entered dentistry to make a lot of money, because dentistry is a lucrative profession. He talked about dentistry as a business so many times to his fellow students and teachers that he was finally kicked out of school.

Of course, we know that dentistry is both a profession and a business. There is a definite economic aspect that must be kept in mind. We have to live, support our families, pay taxes, and meet other financial obligations.

But today as I visit dental offices as an examining dentist—and I see several hundred annually—I am shocked to see how mass-production methods have been installed in some dental offices. I have observed two-dental-chair, three-dental-chair and four-dental-chair practices.

Mass-Production Methods

Now I am talking about a single dental operator, not an advertising dental office. I would come in to examine a claimant,

and the claimant would be put in a dental chair by a dental assistant. This is a typical instance of what happened recently. The dentist remarked, "If you need me, Doctor Levinson, I'll be in the next room." But does he stay in the next room? No, he has a patient, not only in Room 2, but in Room 3 as well. Room 2 patient has just been injected with a mandibular injection; he is going to have an aching lower molar extracted. Room 3 patient has to have an upper colloid impression for an expensive partial upper. The impression is complete; he then looks in at Room 2 and remarks to the patient, "Are you okay? . . . Does your tongue and lip feel numb yet? . . . Not yet? Then wait a while."

He is back to Room I and says to me, "How are you making out? Can I help you, Doctor?" I remark that all is well, and I proceed with my examination of the claimant.

Before I left, I asked the doctor, "How many patients do you see a day?"

"Oh, I guess about twenty-five or thirty a day," he replied.

As I was driving to my in-town office I reflected, "How in hell can a dentist like that do good work, be a credit to the dental profession? Or is he just one of those dentists who are in the profession to make a 'financial killing' so that he can quit young and retire to Florida or California?"

Dentist or Businessman?

Is such a man a dentist or a businessman? Does the dentist who practices mass-production dentistry realize he is hurting the profession and doing harm to the patient as well as to himself? You can't do good work, especially good dental work, in a hurry, profession and doing harm to the patient as well as to himself? You can't do good work, especially good dental work, in a hurry.

The minority of dentists who follow these questionable methods soon lose their practice and their prestige. Their fillings, dentures, bridges, and other work will not stand up well.

You may think that I am a little touched in the head for being so frank, but these practices are a threat to all decent dentists. We see such procedures not only in dentistry, but in medicine, surgery, the trades, the arts, business—in every walk of life today.

The never-ending race for financial gain is one of the factors in premature deaths among middle-aged folks. Look around you and see the young people dying off before they even have a chance to live.

To those few members of the dental profession who persist in practicing mass-production dentistry, take my humble advice: It is not worth it. Life is too short and the dental art is too long. You will never catch up with yourself. Change your tactics; take more time; do better dental work. Don't rush your techniques. Give your patients the best. Make a little less, but enjoy and love your work. In time you will grow and better dentistry will grow and the dental health of America will grow. Remember, all of us should give back to life more than we receive. After all, we can't take it with us.

A DENTIST'S SON IN THE NEWS

HARTFORD, CONN.—"Boy, oh boy!" exclaimed Dr. James L. Corthouts' family of seven girls when they heard the news that a baby brother was born in the family. It was the first son born to the local dentist and the nurse had to repeat the news twice before he believed it. The newcomer, named James Jr., is seen with his mother in photo at the right. (Wide World Photos)

The U. S. P. H. S. Clinical Center

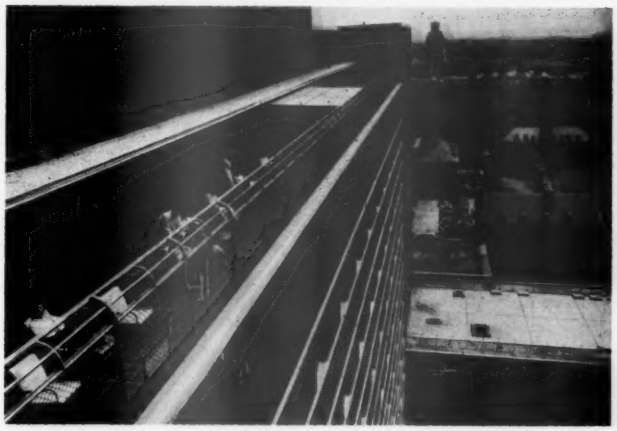
Text and photos by Authenticated News

BETHESDA, MARYLAND: The new Clinical Center of the U. S. Public Health Service is a unit of the National Institute of Health, located in Bethesda, Maryland. The concept of the Clinical Center is to provide facilities for planned medical research serving the seven National Institutes of Health, each of which is alloted bed and laboratory space to be managed in terms of the needs of particular research investigations. The physical structure of the Clinical Center, with the close proximity of laboratory and clinical research, answers the present need in medicine and dentistry to bring the separated scientific and clinical specialties together for a unified attack on disease.

An example of a representative study which will be pursued during the first year is the study of periodontal diseases conducted by the National Institute of Dental Research. These investigations will involve such problems as reattachment of tooth-supporting structures which have become detached or loosened by diseases of the soft tissues of the mouth. Other investigations will be conducted by the National Cancer Institute, National Institute of Arthritis and Metabolic Diseases, National Institute of Mental Health, National Microbiological Institute, National Institute of Neurological Diseases, and the National Heart Institute.

The nurses' area in the Clinical Center.

The Clinical Center.



The 14th-floor sun deck.

A research laboratory where scientists seek to uncover the basic causes and better methods of treating and preventing disease.

Sterile Technique for the Dental Office

by Cyril B. Kanterman, D.D.S.

Because of the rich vascularity of the oral tissues and the favorable conditions for bacterial growth in the oral cavity, the danger of initiating a blood-borne or other infection in the course of oral treatment is ever-present. For this reason, absolute asepsis is no less important in the dental office than in the hospital operating room. For the maximum protection of his patients as well as himself, the dentist must give consideration not only to the sterilization of his instruments, but also his hands, the operating field, the solutions and other agents which will be used, dressings, and other articles which will come in contact with the operating field.

In the past, there has been some confusion regarding the meaning of sterilization. A clarification of terms might well be in order before proceeding with this discussion.

Sterilization or Disinfection

By sterilization is meant the complete destruction of all living microorganisms on a given object or in a specific area. Thus, for an agent to be effective as a sterilizing medium, it must be bacteriocidal, rather than bacteriostatic. Although generally regarded as synonymous, a distinction should be made between *sterilization* and *disinfection*. The former implies destruction of all microorganisms, while the latter denotes destruction of only the infectious microorganisms.

Choice of Methods

The methods of sterilization commonly employed in dental practice are: sterilization by boiling water, by steam under pressure, by hot oil, chemicals, and by combination of these methods.

The following is the sterilization procedure which the writer uses in his practice. It is based upon the recognition that each of the methods has a place in the dental office, and that any one need not be used to the complete exclusion of the others. However, for reasons to be outlined below, the writer places greatest value on sterilization by steam under pressure and uses this method whenever possible.

Sterilization of Instruments

With the possible exception of his dental engine and X-ray unit, there is no piece of equipment that finds greater use in the writer's office than his autoclave. All instruments, as well as rubber and cloth articles, are sterilized by steam under pressure. While boiling may be effective in most instances, the inability of this method to destroy the spores of such bacteria as anthrax, tetanus, and gas bacilli is a distinct disadvantage. The bacterial spore, which is encased in a heat-resistant covering, is able to survive at the temperature at which so-called sterilization by boiling water (212°F.) takes place. Likewise, some viruses escape destruction at this temperature. Since the dentist has no way of ascertaining which microorganisms are present in the operating field, he must use a method by which he can be certain of absolute sterilization. From the chart below, it is evident that there are several methods of achieving complete sterilization, but the one which is most practical for use in the dental office is steam under pressure.

TEMPERATURE, TIME, and MOISTURE FACTORS IN STERILIZATION

Method	Temp. (°F.)	Time (min.)	Moisture Present	Destruction of	
				Spores and Bacteria	Bacteria Only
Boiling Water	212°	10	Yes	No	Yes
Pressure Steam	250°–260°	*6–30	Yes	Yes	Yes
Hot Air	350°	60	No	Yes	Yes
Hot Oil	250°	6–15	No	No	Yes
Hot Oil	300°	30–60	No	Yes	Yes

*The higher the temperature, the lower the time factor. Also the smaller the load, the shorter the time required for steam penetration. (*Courtesy of Wilmot Castle Co., Rochester, N.Y.*)

Corrosion and Dulling

Two objections are commonly raised against the use of a method of sterilization for instruments in which moisture and heat are factors: (1) corrosion of instruments, and (2) dulling of sharp edges.

The first objection may be overcome by using

stainless steel instruments wherever possible. Carbon steel instruments will corrode less when autoclaved than when boiled, but they should never be boiled and autoclaved alternately. The second objection may be answered by stating that the benefits derived from autoclaving fully warrant the resharpening of instruments after each sterilization.

The outstanding limitation of cold sterilization agents is their slow and frequently incomplete destruction of spores and other bacterial forms.[1] In fact, the U. S. Department of Agriculture does not permit the designation "sterile" to be applied to the end result of disinfection by a chemical agent.[2] For this reason, the writer prefers to use the cold sterilization solution only as an adjunct to the autoclave. Following autoclave sterilization, syringes and needles, scalpels, gingival scissors, and other tissue-cutting instruments are left immersed in the chemical disinfectant until needed again. In this way, the sterility that was achieved with the autoclave is maintained until the instruments are again used. Syringe needles that have been stored in a chemical agent should be rinsed and flushed with sterile water before an injection is made, as even a minute amount of cold sterilization agent injected subcutaneously can cause irritation.

Instruments for root canal therapy require special attention. The success of endodontic procedures depends to a considerable extent upon the degree of asepsis that is maintained during such treatment. To insure an added measure of safety, all instruments to be used, including burs, are re-sterilized immediately preceding the appointment.

To maintain the chain of asepsis, it is important to sterilize the contra-angle and handpiece sleeve after every operation in which they were used. This is best accomplished by immersion in hot oil (300°F.) for a minimum of thirty minutes.

A word of caution: The efficacy of any method of sterilization is dependent upon the contact of the sterilizing medium with the object to be sterilized. Thus, all instruments should be scrubbed free of blood, grease, soap film, cement particles, and other debris before they are subjected to sterilization procedures. This is especially true for serrated instruments and those with joints, such as scissors and forceps. The latter should be opened when sterilized.

Disinfection of Operating Field

Careful attention is given to disinfection of the operating field, as to instruments. Unfortunately, however, the same degree of sterility that is obtained with instruments can seldom be achieved with the operation site in the oral cavity. There are a number of acceptable preparations which are suitable for topical application to the mucous membrane prior to an injection or incision. To avoid lowering the concentration of such an agent due to mixing with saliva, the tissues should be thoroughly dried before application is made.

The use of the rubber dam, mandatory for root canal therapy, restricts the operating field and prevents contamination by saliva. After the dam is placed, the isolated tooth as well as adjacent areas of the dam are painted with germicidal solution.

Disinfection of Hands

Sterile rubber gloves are worn for all surgical procedures, including exodontics. For most other procedures, particularly those in operative dentistry, the use of gloves is not always practical[3], for the operator relies to a considerable extent on his tactile sense. Thus, routine disinfection of the hands, whether or not gloves are to be worn, is a practice which should never be overlooked.

Two factors must be considered if soiled hands are to be rendered as surgically clean as possible: (1) mechanical removal of gross deposits, and (2)

—Wide World Photo

A feminine visitor makes a close study of David Solo's "Funeral Of A Tooth" in an exhibition of paintings by members of the dental and medical professions at Paris' Modern Art Museum.

[1]Many cold sterilization solutions on the market are ineffective against the tubercle bacillus (*Mycobacterium tuberculosis*). Instruments that have been used in the treatment of patients with suspected or actual tuberculous infection should always be sterilized by heat, preferably autoclaving.

[2]"Aseptic Treatment of Wounds," *Medical Times*, 80:788, December 1952.

[3]The exception to this is in the treatment of the tuberculous or syphilitic dental patient. In such instances, gloves are worn for all dental procedures.

ADVICE TO A NEW PRACTITIONER

Now men may come and men may go,
and governments may change
and cowboys be at home, I know,
upon a different range.

Yea, even lovers (absentee)
acknowledge hearts grow fonder
for someone else. Change seems to be
accepted here and yonder.

But mark the young practitioner's plight:
he's raw, unproven, new.
He's so unknown, he can't be right.
Who knows what he will do?

Old Doc knew how to synchronize
a joke with an extraction
and built folks' ego, being wise,
also to satisfaction.

He asked about their kith and kin,
spoke of their occupation,
and patients came flocking in
for work and conversation.

So, if you're planning to explore
the caverns in folks' faces,
do not pooh-pooh and don't ignore
the little social graces.

Go talk on health and tooth decay,
and fit the plate with skill,
but don't forget to ask if they
recall your Uncle Will.

Combining methods tried and true
with ability to "kid",
you may hear folks admit you do
"better than Old Doc did!"

Helen Harrington

reduction of the bacterial population. The first action is brought about by the use of a detergent, while the latter is achieved with a suitable chemical agent. There are a number of commercial preparations which combine the detergent and germicidal effects. The use of a detergent alone is not considered sufficient.

Each time the hands are cleansed, a small stiff-bristled brush is used to remove any debris which may have accumulated beneath the fingernails. To help prevent such accumulations, the fingernails are trimmed short.

The practice of reaching into the instrument cabinet with unsterile hands during treatment should be avoided. A transfer forceps should always be available for this purpose.

While postoperative infection will sometimes occur despite the precautions that may be taken, careful attention to details of asepsis will minimize such occurrences. A strict sterile technique alone will not control infection already existing, but it will prevent cross-infection from patient to dentist and from patient to patient.

The measures described here should not be regarded as burdensome. Rather, they will readily adapt themselves to the routine of any dental practice.

"I don't know about a vacation—when my practice is good, I can't take the time and when it's bad I can't afford a vacation!"

Dentistry in the Press:

Dental Care for the Veteran by the VA

Text and photos by Authenticated News

Dental treatment is provided by Veterans Administration staff dentists in VA hospitals to patients when dental treatment may have a direct or material bearing in treating the physical disability necessitating hospitalization. Dental treatment sufficient to keep the mouth in a clean and healthy condition is provided to patient-veterans. During the year there were 475 full-time dentists on duty in VA hospitals. These dentists were assisted during the year by 432 dental consultants in handling difficult cases. An estimated 47,000 private dentists participated in the dental program. As a practical matter, it has been necessary to purchase the greater part of the dental work from private dentists on a fee basis.

Above, a general view of the Veterans Administration Dental Clinic in Washington, D. C.

A veteran-patient undergoing oral surgery.

A dental unit conference. Conferences such as these help keep dentists and dental technicians abreast of the latest developments in the profession.

A REPORTE YE
MODERN DO

ste
Mitz

Are dentists and dental hygienists deliberately holding down the number of patients they send to exodontists?

If so, why?

This writer is convinced dentists are losing a lot of good will by failing to send more of their extraction cases to exodontists. Dollars, too.

Take me, for instance. I'm an average guy, no more nor less immune to pain than the ordinary man or woman. But the thought of an extraction runs chills through me that cut clean to the bone.

Why?

I don't know. Nor do I want to be labeled a coward. Actually, I've personally been bludgeoned once, slashed with a knife once, and shot at three times. Without doubt, I felt less fear on those three occasions than I experienced when I was told four teeth had to be extracted.

When my dentist gave me the bad news, fear of losing face forced me to keep the appointment. After a fourteen-minute miracle I changed my attitude.

Ever since, I've been my own dentist's best personal press agent.

There are millions more like me.

Let's discuss now why more dentists should send their patients to exodontists. Most of the reasons admittedly are psychological. A few are practical—especially from an income standpoint.

For instance, though you are quite confident you won't hurt your patient during an extraction, you *might*. Forever after, then, your patient will associate pain with you personally.

As a result, your patient may even seek another dentist to treat him.

Certainly, regular patients these days are much more desirable than the "irregulars" who make one visit, never return.

Looking at exodontics from the professional point of view, several dentists who were interviewed felt that surgery should be a separate field. That's sound and logical reasoning. What's more, the average dentist hardly is equipped to practice major dental surgery in case of an emergency.

Why risk losing patients or having to cope with a serious surgery "risk"? The few extra dollars are

First contact. Patient is being greeted by Nurse-Secretary Joyce Broderson.

Double-check. Patient's name is checked against exodontist's files to avoid name duplication.

Useless worry. Waiting to be called into inner office for processing.

Process begins. Nurse-secretary leads patient from waiting room to inner office.

Ready for action. Anesth… Mildred Basford (out of … moves mask from patient's … dontist removes throat pa… camera is Nurse Glad…

TE YE VIEW OF RN DONTICS

oste
n Mitz

not worth the added worry.

I've personally polled at least twenty-five people of my acquaintance about the desirability of having teeth extracted by an exodontist. Only one of the twenty-five men and women interviewed had been referred to an exodontist by a dentist. A woman, she, too, was a stout defender of this relative newcomer to the dental profession. No dentist ever again will perform an extraction on this pretty patient.

Practicing dentists can perform a painless extraction. We don't mean to infer they can't. Thousands do.

As for me, I'll take the exodontist—every time. What's more, I'm telling my friends about the little-known exodontist. By doing so, I'm doing dentists and dentist-exodontists a favor.

But more important, I'm making friends for the entire dental and allied professions.

Side-Lights:

Here's the particular routine I experienced when I visited a Washington, D. C., exodontist.

First, an attractive nurse-secretary greeted me when I rang the bell. I handed her a card on which my own dentist had written his diagnosis. The nurse led me to an X-ray room.

The exodontist then entered the X-ray room. He took the X-rays of my upper and lower jaws to confirm or disprove my dentist's diagnosis.

Within a matter of minutes, I found myself moved to another room and seated in a comfortable dentist's chair. An anesthetist inserted a veni-puncture tube in the vein of my right arm.

Before I felt the slightest discomfort, two nurses helped me rise from the chair, guided me to a post-operative room. I lay down on a bunk while an ice pack was applied to my face.

I was still wondering whether or not the extraction of four or five teeth would hurt when the exodontist stepped into the room, asked me how I felt. Only then did I realize I had been a beneficiary of painless dentistry.

Pain? None whatever.

Time elapsed? About fourteen minutes from the time I handed the nurse-receptionist my identification card.

Exodontics?

That's for me, doctor!

...se. Like the trained technicians they ... exodontist's working staff gather ...e patient in preparation for their ...ute stint. L. to r.: Nurse Gladys Hey, ..., and Anesthetist-Nurse Basford.

Injection. Administering pentothal.

Operation completed. Patient being helped from his painless session by Nurses Hey and Cora Tanner. He will be eased into a wheel chair and transferred to a post-operative room

Post-operation. Patient is vaguely aware he has had teeth extracted. Ice pack is applied.

(Continued on page 10)

(Continued from page 9)

All over. Exodontist checks patient in post-operative room. Patient, minus four teeth, beams.

Future file. Patient fills out identification form for future reference by exodontist.

Fourteen-minute miracle. Patient leaves exodontist's office after having been checked out by Nurse-Secretary Joyce Broderson.

PATENT APPLIED FOR

A dentist holds that patient dear,
Whose bill is never in arrear;
Who recommends him to his friends,
And never calls him on weekends.
Never lets appointments
Be broken short at his expense;
Nor works himself into a state,
When there is cause for him to wait,
Nor is he prone to linger on
While next in line feels put upon.
He's friendly, but not too much so—
No call to share his tale of woe.
In fact he is that model guy,
"Doc" measures other patients by.

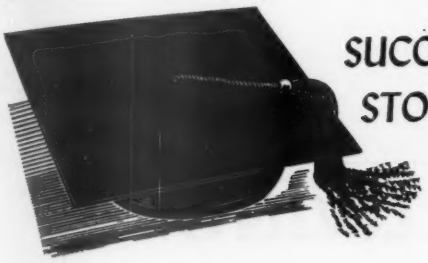
Ethel Willis Hewitt

DENTIST'S DILEMMA

The judge's wife is late again.
I'll waste this time, and then
She'll walk in smiling, at eleven,
Though she was due at ten:
"Oh, I forgot just when you said.
I'm sorry if I'm late.
You have another patient now?
Well, never mind. I'll wait!"
I long to tell her every hour
Is filled up for today.
Why should I see her, out of turn,
Make punctual patients stay?
But then, this town is not too large,
The judge a rich man, who
Has powerful friends, and pays his bills.
What do you think I'll do!

M. E. Roberts

Dental Wives:



SUCCESS STORY

by Kay Lipke

With only $150 a young Canadian entered dental school a few years ago. However, he had another asset far more valuable: The girl he had just married had complete faith in him and in his future. It was she who urged him to enroll in the University of Alberta, at Edmonton, when he felt that he could not afford to take the long expensive course, especially with a wife dependent upon him.

Wife Goes to Work

They took a tiny apartment near the university and, within a week, his wife found a position as principal of a two-room country school, which helped to pay their expenses that year. At the end of the college term, he was awarded "bursaries", or scholarships, which paid his tuition for the succeeding years.

Then the first baby arrived. In fact, the small daughter was born simultaneously with his final examinations. While she lay in bed in the hospital, the young wife coached her husband for his English examination, English being his academic stumbling block. He hit the jackpot, for the examination fortunately covered the very material his wife used in coaching him!

When the first baby was five-months old, the young mother went to work as a stenographer for an American construction company engaged in building the highway to Alaska, so the little family got by another year. However, money saved for a cherished Easter outfit went to pay for her husband's next year's equipment.

The Second Baby

The following year she clerked in a little store until it was time for their second child, a son, to arrive. She still managed to arrange her life so that she could go on helping her husband until he graduated. On that eventful day, she was as proud as he when he walked across the stage, shook hands with the chancellor, and received his diploma. She felt that, in a way, she too was graduating.

"My husband always tells his friends that his wife managed to get her M.A. (Ma) degree before has was awarded his D.D.S.," she laughs.

A Promising Future

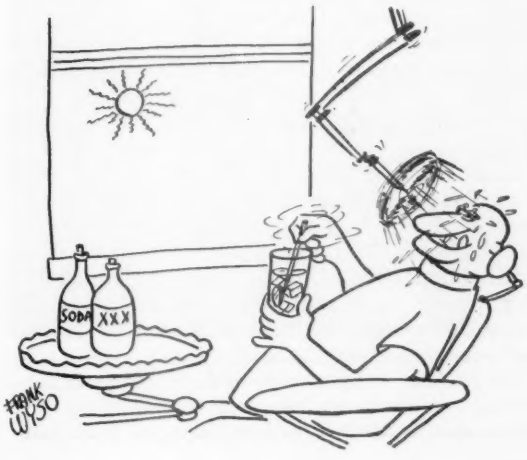
Discussing her husband's start in his profession, she says: "He found a splendid opening in a small town in Southern Alberta. He soon outfitted his office, went right to work, and has built up a very successful practice.

"The people here are very friendly and cooperative. We have many fine friends, and are very happy in this community. With the opening of many new oil wells in our province, we feel that we have a vastly rich country. If the present trend continues, Alberta will soon be debt-free. What a heritage for future generations!"

Her dental husband is community-conscious, is head of the local Red Cross, is an active Rotarian, teaches teen-age boys in a young people's group, and is active in church work.

Courage and Hard Work

They have four children now, own their own home, are living active, worthwhile lives, and are happy. All of which might not have come to pass if a young Canadian girl did not have the faith, the courage, the vision, and other resources, not only to do everything she could to help her husband carve out a professional career, but to rear a family as well. That Canadian couple had a lot more than $150; they had the resources to make their dreams come true. No success is as sweet as the success that is earned.



IR FOR LIVING

Dentist J. D. Smith—Leader in Education

by Joseph George Strack

Doctor J. D. Smith

To many Americans, Las Vegas is the fabulous, lusty, wide-open town that represents the hard-playing, gambling, dusk-to-dawn brawling of the Old West in a modern setting of plush nightclubs, high-rolling gambling palaces, and ornate hotels. Yet it is the community that recently honored a dentist for his civic contributions to public education by naming a school after him.

Doctor J. D. Smith, who came to the little-known desert town of 3,000 population twenty-seven years ago to purchase the practice of the late Doctor Elmer Bunce, co-originator of the Bunce-Kanouse technique of denture constructure, is the man for whom Las Vegas has named its newest, attractive, modern school—the J. D. Smith Elementary School—a fourteen-classroom teaching institution in North Las Vegas. Dedicated last year with Doctor Smith making the dedicatory address, the building is already being enlarged with a new twelve-classroom wing.

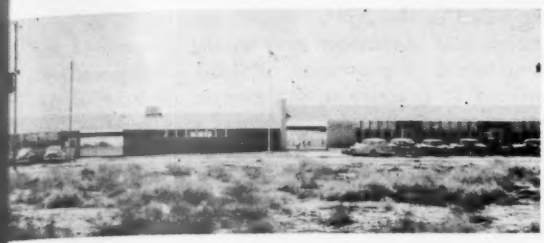
Doctor Smith first became interested in public education when he spent his initial five years in dentistry in the Iron Range country of Minnesota, at Marble and Coleraine, where he became a school dentist. Ever since his first direct contact with the local public school system as a staff consultant, he has been impressed with the need for able teachers and adequate school facilities.

He had little opportunity to do much about promoting public education programs until he left Minnesota to practice in Las Vegas. At that time, 1927, Las Vegas was a "small county seat and railroad town of about 3,000 people." It had only five blocks of paving. Doctor Smith recalls that "in the summer, when the temperature hung around 115°, my assistant used to stand at my side with a towel and wipe the perspiration off my face, so it wouldn't drip all over the patient." That is changed now. Today Doctor Smith's office at 127 North Fourth Street, Las Vegas, is a modern, air-cooled suite.

In the quarter-century since he established himself in Las Vegas, he has risen to a level of civic leadership as commander of the local American Legion post, State commander, and National Executive Committeeman; chairman of the Clark County Democratic Central Committee; Exalted Ruler of the local Elks lodge; member of the Nevada State Board of Dental Examiners for ten years; member of the local selective service board; and president of the Clark County Dental Society.

In 1934 friends insisted that he become a candidate for member of the Clark County Board of Education. His long interest in education being what it was, and having a son and a daughter of school age, he agreed. He was elected to the board that fall and served for eighteen consecutive years, serving a term as president and, at the time of his retirement, holding the office of president pro tem.

During those years Las Vegas' population rose from 5,000 to 30,000, and the "quiet little desert town" became the bustling, lusty, cosmopolitan community that it is today. The high-school population more than tripled, and the elementary-school population increased almost six-fold. In the eighteen year span, the school board spent approximately $5,000,000 for construction of fifteen new schools, "including what is probably the finest high-school auditorium in the West."



J. D. Smith Elementary School, North Las Vegas, Nevada.

An Opportunity for Public Service

"I should like to suggest to dentists that they try to serve on such public bodies as school boards," Doctor Smith says. "It is a rewarding experience. You see at first hand how government operates. You have a real opportunity to serve the public, all the public, and to protect the taxpayers' money. You also have the opportunity of trying to build the highest level of public service possible within the resources available, so that all these wonderful American kids of ours have every practical opportunity to grow, physically, spiritually, and emotionally, into wholesome, normal adults. Even if this is immodest, I shall have to say it: I am unreservedly proud of the fact that I have played a part in extending and improving the public education of my community so that today the children I see everywhere about me are getting a better break, educationally, than any generation of children in the history of my county." He winks and adds: "And don't you think I'm not just a bit puffed up over that J. D. Smith Elementary School! Seriously though, I have had the privilege of working and planning with our public educators, our school principals, our school teachers. They are truly fine, self-effacing, self-sacrificing individuals. I am grateful to them for the magnificant concept of public service they have given to me. It has provided me with a whole new approach to life. I know what it means to work in the public interest—how satisfying such efforts can be."

His daughter, Mrs. Jeanne Smith Houssels, shares his yen for things educational. Recently she and her husband became the only husband and wife in the history of the Nevada bar to pass bar examinations simultaneously. Mrs. Houssels, a startlingly beautiful girl, was an honor student at Las Vegas High School and later at Vassar College.

Doctor Smith's interest in schools also stems in part from his love of small towns and the happiness he experienced in his native Monona, Iowa, during his boyhood. Following graduation from high school, he attended Carleton College, and then went on to the University of Minnesota College of Dentistry in 1916. However, he interrupted his professional training to enlist in the United States Marines in April 1917. He saw heavy action in France and Germany for the next two years, his regiment having formed part of the gallant infantry brigade of the famed 2nd Division.

In 1919 he was honorably discharged, and he returned to the University of Minnesota, where he graduated in 1922 with his D.D.S. (One of the class members was the present distinguished dean of the College of Dentistry, Doctor William H. Crawford.) Doctor Smith was a member of Xi Psi Phi and Delta Upsilon.

The Days of Alfred Owre

As a dental student, young Smith used to accompany the dean of the dental college at that time, the late Doctor Alfred Owre, on his famous Sunday morning hikes, listening avidly to the brilliant commentary and salty philosophy of that estimable gentleman. Doctor Smith remembers with especial clarity two quotations of the dean: "As we wander along life's pathways, let us live by the wayside," and "If I had but two loaves of bread, I would sell one to buy hyacinths for my soul." Looking back on it all, Doctor Smith says, "None of us, unfortunately, spend enough on hyacinths."

Happy and contented, he concludes, "It is wise, I believe, to put some of your resources 'Where neither moth nor rust doth corrupt nor thieves break through and steal.'"

Doctor Smith presents a flag to Principal J. H. Fincher of the J. D. Smith Elementary School.

International Dentistry:

Dentistry in Switzerland

Switzerland, the biggest little country in the world, financially at least, once was described by the *New York Times* in a misprinted quote as "a land flowing with milk and money." Second only to the United States in wealth per capita (it is the storehouse for foreign capital) and dotted with health resorts, Switzerland still has more than its share of dental ills. In correspondence with an official of the Swiss National Dental Society, I was informed that the rate of caries is *ausseroidentlich stark*—extraordinarily high.

At one time a ferocious, warlike people, the Swiss abandoned their battle axes and cross-bows many years ago and for the past fifty years the nation's watchwords have been peace and neutrality. Long dominated by the belief that the government is best that governs least, Switzerland remains a staunch and steadfast defender of the status quo and has been the last of the modern countries to institute any form of social insurance. Even today, in a continent—if not a world—where people are continually reaching for the helping hand of government assistance in their social struggles, the Swiss government has made no inroads into the zealously guarded private practice of medicine and dentistry. In fact, there is only one type of free dental clinic in the country, and that is in Basel. Democratic and properly conservative, the Swiss have been described as a people who "can be very noisy in church, but on entering a bank, they take off their hats and talk in respectful whispers."

In keeping with its laissez faire policy, Switzerland operates a powerful and rigid states rights system. Each of its twenty-two states, or cantons as they are called, has its own laws on health and education. The first regulation of dentistry, or its birth as a profession in the country, occurred in 1850, when dentistry's status was decreed by the Cantonal Laws of Health. Until then, dentists were not regarded on the same professional level or treated with the same respect as physicians or veterinarians. Shortly after these cantonal laws were passed, courses of instruction in the science of dentistry were begun in the universities and soon the first dental examinations were given, affording only those who successfully passed the examination, the privilege of practicing dentistry.

The first Swiss dental school was opened at the University of Geneva in 1881 (*Institute dentaire de l'universite de Geneve*) as part of the medical college. At the close of the nineteenth century, a national diploma for dental surgeons was created (*medecin-dentiste diplome federal*) and corresponded to the type of degree granted to the physician and obtainable only at the University. An individual in possession of this diploma was permitted to practice in any canton, or state, in the country. Today, no foreigners may practice dentistry in Switzerland without a diploma from a Swiss university. However, although there are about 2,100 dentists with a "federal license," there are still about 300 dentists who do not have degrees but practice with cantonal licenses. This peculiar situation exists because there are still two cantons that permit individuals to practice without a university diploma if they possess a cantonal permit. The ratio of dentists to population is about 1 to 2,000.

The father of Swiss dentistry is without question the renowned prosthodontist, Professor A. Gysi of Zurich.

Professional Education

Academic requirements for dentists are not very different from our own, except perhaps in the program of examinations. After twelve and one-half years of high school and college, the student who wishes to become a dentist must complete four and one-half years at a dental school. Each of the large universities at Geneva, Zurich, Bern and Basel has a dental school. The oldest is at Geneva, the newest—founded in 1924—is at Basel. The first examination, in theory, is given at the conclusion of the freshmen year in the school of dentistry, and the first examination combining both theory and practical work is given after two and one-half years. At the completion of the four and one-half year program, the federal examination is given.

Although the countries bordering Switzerland on the north and south have had dental insurance since the totalitarian days of Hitler and Mussolini, practically all Swiss dentists are in private practice. The few men who are not, are employed in the large cities as school dentists. In the rural areas, it is the private dentist who takes care of the dental needs of the school children.

For a country as small as Switzerland, there are innumerable dental laboratories, supply houses, and dental supply manufacturing companies. Dental equipment, however, is not manufactured in the country, but is imported from Germany, France, and the United States. Presumably, the Swiss are too busy making watches, changing money, and punching holes in cheese.

Dental techniques, like the equipment, are modern and up-to-date. Yet, many a Swiss dentist, after a postgraduate course in the United States, has proudly displayed the sign, "American Dentist," in his office. To the Swiss, as well as other Europeans, American dentistry is another name for "the finest dentistry in the world."

—M. J. T.

ANGLES AND IMPRESSIONS

by Maurice J. Teitelbaum, D.D.S.

Dental Thisa and Data

Members of the American Chemical Society have recently reported what seems to be a startling discovery and may greatly affect the dental profession. It is still too early to come to any positive conclusions, but these research men believe that they have synthesized the chemical component responsible for mineral deposits in the teeth. If their findings are correct, they believe that dentists may soon be filling teeth in such a way that "the new teeth will be at least as good as the original ones." They have been working with collagen, a protein found in bone, in combination with chondroitin sulfate. Their studies are now under the sponsorship of the U.S. Public Health Service's National Institute of Dental Research and certainly bear watching.

Inci-dentals

According to the A.D.A., Doctor Average American Dentist extracts between two and three teeth a day and during the same eight- or ten-hour working period completes about seven fillings. He also inserts about two fixed bridges per month and makes a crown every two weeks.

Gagging

This begins our fourth happy year of Angles and Impressions in Tic—the only dental publication that offers the dental profession moments of relaxation as well as helpful technical data. Although there is no Letters to the Editor page in Tic, we have gotten a fair amount of correspondence. Most of the mail has been complimentary, and the rest of it has called our attention to errors and slips on our Smith-Corona keyboard for which we say thanks. The letters we do not get are those asking for technical information, so we decided to compose some, including answers—just to gag on.

QUESTION: I am constructing a labial window for a patient and am having a very difficult time matching it. I have tried every shade but with no avail. Have you a suggestion? PUZZLED.

ANSWER: Try a venetian blind.

QUESTION: My patient complains that his upper plate is always falling down. The lower is very tight. He has tried powder and the case has been relined seven times. What can I tell the patient? PERPLEXED.

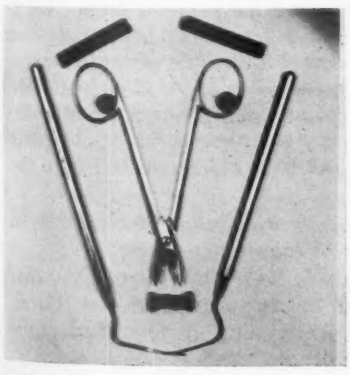
ANSWER: Tell him to try walking on his hands.

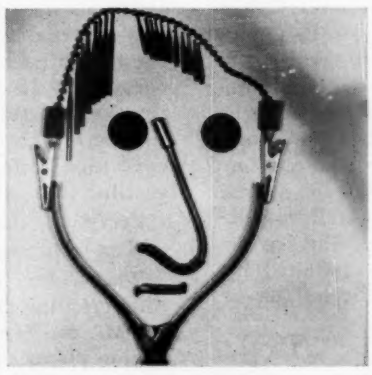
QUESTION: I have made a number of porcelain jackets for my wife, but none seems to satisfy her. Would an acrylic jacket do the trick? BEWILDERED.

ANSWER: No. Try mink.

QUESTION: I have a patient, a man, who is in need of a full set of dentures. The quoted fee of $1,000 was satisfactory. The ridges are ideal for the construction of good dentures and the patient is cooperative and pleasant. This is my problem; the patient can only come at night and I do not have evening hours. What should I do? CONFUSED.

ANSWER: Enclosed is my card. Give it to him. I work until 11:00 every night and until 2:00 a.m. on Sundays.





How to Tell Good Money From Bad

by Walter Greaza*

Doctor, did you ever *see* a dollar bill? Of course, you handle them every day, but have you ever examined one closely? Take a look and you will see one of the finest pieces of engraving in the world. The portrait is life-like, the eyes are clear and distinct. The fine lines that form the small squares are carefully etched in perfect detail.

Counterfeit bills may come close to the real thing, but no matter how hard counterfeiters try, they fail somewhere to match the details of a genuine bill. All it takes to spot a phony bill is an observant eye and a little know-how.

Here are some pointers that will enable you, Doctor, to spot counterfeit money. Look at the portrait: on a counterfeit it is usually dull, smudgy or unnaturally white. Details are often scratchy. The overall background behind the portrait is dark, the lines irregular and broken. The portrait usually merges into the background.

The portrait on a genuine bill stands out from its oval background; the sharp, clear eyes appear life-like. The background is a fine screen of regular lines.

This diagram shows the position of important features of paper currency. Study it to KNOW YOUR MONEY!

The colored seal under "Washington, D. C." is often a complete give-away. The saw-tooth points on the counterfeit are usually uneven, broken off and irregular. On a genuine bill, the saw-tooth points around the rim are even, sharp and clearly defined. Serial numbers on a counterfeit bill are usually poorly printed, inaccurately spaced and uneven in appearance. On a genuine bill, the figures are firmly and evenly printed and well spaced. The paper on a counterfeit bill generally has no silk threads, although they may be imitated by tiny red and blue ink lines. Hold the bill up to the light and see if the threads are opaque and fibrous in texture as they should be.

If you handle money frequently, a hand magnifying glass will quickly show up the poor workmanship on a counterfeit bill since counterfeit money is usually made with poor equipment.

A counterfeiter doesn't always start from scratch. Very often he will merely change the number on a genuine bill to a larger denomination. As you look at bills that pass through your hands, there are a few portraits you should automatically associate with certain denominations. George Washington appears on all one dollar bills, Jefferson on all two dollar bills and Lincoln on all five dollar bills. Alexander Hamilton will be found on ten dollar bills and Andrew Jackson on twenty dollar bills. Any bill larger than twenty dollars should be examined with the greatest of care. The portrait of Grant is on the fifty dollar bill and Franklin on all one hundred dollar bills.

Perhaps the mounting cost of living is responsible for the fact that in recent years the counterfeiting of bills has increased while the counterfeiting of coins has declined. But there are enough phony coins in circulation to warrant a little attention to the details that distinguish good coins from bad. Dropping the coin on a hard surface often gives it away. Genuine silver has a bell-like ring; most counterfeit coins sound dull. The corrugated outer edge called the "reeding," is fine and even and distinct on a good coin; usually battered and indistinct on a fake one. Most phony coins can be easily cut with a knife and have a different feel from the genuine thing.

Every year the American people lose millions of dollars to passers of counterfeit money.

The United States Secret Service believes that counterfeiting can be almost eliminated by educating Mr. and Mrs. America on the fine points of detecting phony money.

Walter Greaza, Chief of TV's "Treasury Men in Action."

*Actor who portrays Chief of the Bureau on NBC-TV's "Treasury Men in Action."

They Call it "Matilda"

How it got its name is unimportant but what is *important is this: it shows how long a Ticonium clasp will last.*

It was in Chicago that a goggle-eyed dentist stopped, stared, and said—"who conceived that monster?"

The tamed monster referred to is affectionately known as "Matilda" by the research staff at Ticonium. Its more dignified name is the "Deflect-o-scope."

Conceived in the minds of several engineers, this intriguing instrument simulates the insertion and removal of a Ticonium case—it packs many years of wear into the space of a few short days. Here's how it works:

A Ticonium clasp is mounted in a holding device. The tips of the clasp face a guillotine-like wedge. The motor starts. The wedge moves firmly between the clasp tips and forces the clasp open—twice its average normal opening! Then the wedge backs off and positions itself for the next onslaught. A highly accurate gauge measures the opening in hundredths of an inch! A counter records each opening and closing with a sharp click. In a short time, years of useful service are proved.

Year After Year

If a patient of yours inserts and removes a Ticonium case four times a day that means 1460 actions a year. In ten years the clasps of that Ticonium case will have been deflected (opened and closed) 14,600 times! That's a lot of punishment. If a metal is too soft, it means the clasps will open-up—if the metal is too brittle the clasps will snap.

Repeatedly, at meeting after meeting, Ticonium clasp deflections were far in excess of ordinary usage and still the clasps opened and closed to absolute tolerances.

The reason? Multiple fine-grain structure provides greater tensile, yield and deflection—an extra, built-in strength on all Ticonium cases!

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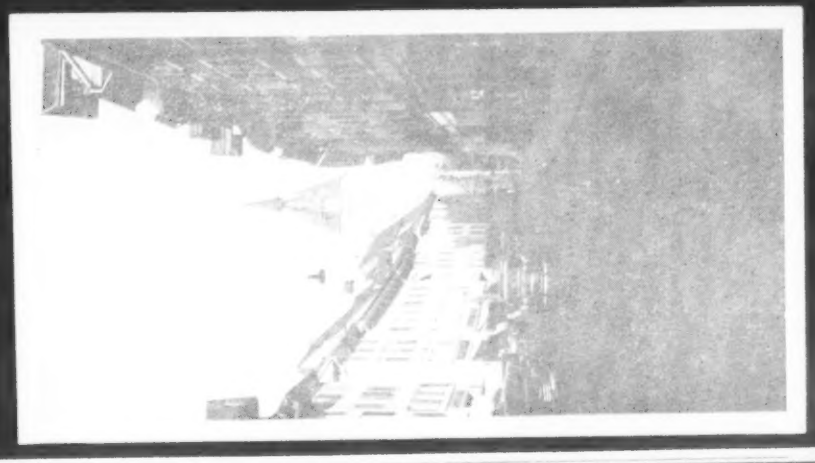
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